

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

*Prunyah Godiah / Miss Payne's E-Box*

**20 CV 521**

Write the full name of each plaintiff.

(Include case number if one has been assigned)

-against-

*Curbsmart Self Storage*  
*Curbsmart Store 0558*  
*Curbsmart Corp*

**COMPLAINT**

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

- ☐ Federal Question
- ☐ Diversity of Citizenship

### A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Americans with Disabilities Act, Mental health acts, As a Business need to provide the Rights Items accordy to your business like trash Bands Cakesmart Store # 0538 in the Bronx I got my storage refused me access to get my seizure, Vialgo & asthma medications without me paying them the first because I left 2 bags of garbage in the place that they wheel chair resign in Manhattan while they do business in the Bronx

### B. If you checked Diversity of Citizenship

#### 1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff,

*Renee (odiah) / / / / /*  
(Plaintiff's name)

*Phyllis E. Bey*  
is a citizen of the State of

*New York*  
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, Cubegmat Self Storage : Cubegmat Store #0558, is a citizen of the State of  
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of \_\_\_\_\_.

If the defendant is a corporation:

The defendant, Cubegmat Self Storage : Cubegmat #0558, is incorporated under the laws of  
the State of PA & NY Bronx  
and has its principal place of business in the State of \_\_\_\_\_  
or is incorporated under the laws of (foreign state) \_\_\_\_\_  
and has its principal place of business in \_\_\_\_\_.

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Pringah Sedick MM Prenday Payne's El-Bey  
First Name Middle Initial Last Name

40 Ann Street #2B1  
Street Address

New York NY 10038  
County, City State Zip Code

(754) 999 7318 (212) 804-8688 Prenday.snc@gmail.com  
Telephone Number Email Address (if available)

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

Cubespant Self Storage Corp  
 First Name Last Name  
Corporate Office Cubespant  
 Current Job Title (or other identifying information)  
5 Old Lancaster road  
 Current Work Address (or other address where defendant may be served)  
Malvern PA 19355  
 County, City State Zip Code  
Cubespant.com

Defendant 2:

Cubespant Self Store Store #0558  
 First Name Last Name  
Brook Av Store #0558  
 Current Job Title (or other identifying information)  
395 Brook Av  
 Current Work Address (or other address where defendant may be served)  
Brooklyn NYC 10458  
 County, City State Zip Code

Defendant 3:

\_\_\_\_\_  
 First Name Last Name  
 \_\_\_\_\_  
 Current Job Title (or other identifying information)  
 \_\_\_\_\_  
 Current Work Address (or other address where defendant may be served)  
 \_\_\_\_\_  
 County, City State Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

**III. STATEMENT OF CLAIM**

Place(s) of occurrence:

Date(s) of occurrence:

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

On January 12, 2020 I went to get my medications that the pharmacy send every 3 months refills via mail for me & lab store inside my unit 3266 and also the bulb due on the 14 But I pay it early because they like to charge late fee fast. I went to get my seizure medications & Vertigo & Asthma meds that's store inside my unit. When I went upstairs they the staff and the Manager have put a double lock in my lock the reason later Supervisor Eli Joh says gave me it because I left the garbage bags outside that I didn't take it home as they wanted a prior 3 weeks ago that they knew what happen three weeks ago I was mad so I agreed but can he open it so I can get my medications out because I needed I was worried he told me his not going to open it until I paid the fine so I called customer service again file complaint I was told someone should call me back I left without my medications nor pay the bills. The refused to accept my rental payment just because Cubespro whom a storage place does not provide trash or garbage for client to client must find ways to take their trash back home with them this is the first storage place I ever heard of such. PS. I have having several disputes because of that.

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Because of denial access from Cubesmart inside my unit I had to have several seizures back to back without my medication. If continue having seizure like this can put me into a Coma. Also my finger got cut between the door of Elevator & my wheelchair & the trash got out & was my finger was bleeding like a cow.

**IV. RELIEF**

State briefly what money damages or other relief you want the court to order.

I am suing Cubesmart over millions for denying me access to my health/medications & as a Self Storage Company people will have trash & Clients whom pay their monies everyone should not have to pack up their trash & take it back home with them that make no sense a lot of storage company provide trash bins for Clients to throw away trash. Cubesmart should not lock or hold my medications hostage because of such facts

**V. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated

1/17/2020

Plaintiff's Signature

First Name

Prunah

Middle Initial

G

Last Name

Paine's Elbey

Street Address

40 Ann Street #2B

County, City

NY

State

NY

Zip Code

10038

Telephone Number

(212) 999-7318 (212) 8048688

Email Address (if available)

Prunahdays.mca@protonmail.com

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.





United States District Court  
Southern District of New York

## Pro Se (Nonprisoner) Consent to Receive Documents Electronically

Parties who are not represented by an attorney and are not currently incarcerated may choose to receive documents in their cases electronically (by e-mail) instead of by regular mail. Receiving documents by regular mail is still an option, but if you would rather receive them only electronically, you must do the following:

1. Sign up for a PACER login and password by contacting PACER<sup>1</sup> at [www.pacer.uscourts.gov](http://www.pacer.uscourts.gov) or 1-800-676-6856;
2. Complete and sign this form.

If you consent to receive documents electronically, you will receive a Notice of Electronic Filing by e-mail each time a document is filed in your case. After receiving the notice, you are permitted one "free look" at the document by clicking on the hyperlinked document number in the e-mail.<sup>2</sup> Once you click the hyperlink and access the document, you may not be able to access the document for free again. After 15 days, the hyperlink will no longer provide free access. Any time that the hyperlink is accessed after the first "free look" or the 15 days, you will be asked for a PACER login and may be charged to view the document. For this reason, *you should print or save the document during the "free look" to avoid future charges.*

### IMPORTANT NOTICE

Under Rule 5 of the Federal Rules of Civil Procedure, Local Civil Rule 5.2, and the Court's Electronic Case Filing Rules & Instructions, documents may be served by electronic means. If you register for electronic service:

1. You will no longer receive documents in the mail;
2. If you do not view and download your documents during your "free look" and within 15 days of when the court sends the e-mail notice, you will be charged for looking at the documents;
3. This service does *not* allow you to electronically file your documents;
4. It will be your duty to regularly review the docket sheet of the case.<sup>3</sup>

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<sup>1</sup> Public Access to Court Electronic Records (PACER) ([www.pacer.uscourts.gov](http://www.pacer.uscourts.gov)) is an electronic public access service that allows users to obtain case and docket information from federal appellate, district, and bankruptcy courts, and the PACER Case Locator over the internet.

<sup>2</sup> You must review the Court's actual order, decree, or judgment and not rely on the description in the email notice alone. See ECF Rule 4.3

<sup>3</sup> The docket sheet is the official record of all filings in a case. You can view the docket sheet, including images of electronically filed documents, using PACER or you can use one of the public access computers available in the Clerk's Office at the Court.

500 PEARL STREET | NEW YORK, NY 10007  
300 QUARROPAS STREET | WHITE PLAINS, NY 10601

PRO SE INTAKE UNIT: 212-805-0175



## CONSENT TO ELECTRONIC SERVICE

I hereby consent to receive electronic service of notices and documents in my case(s) listed below. I affirm that:

1. I have regular access to my e-mail account and to the internet and will check regularly for Notices of Electronic Filing;
2. I have established a PACER account;
3. I understand that electronic service is service under Rule 5 of the Federal Rules of Civil Procedure and Rule 5.2 of the Local Civil Rules, and that I will no longer receive paper copies of case filings, including motions, decisions, orders, and other documents;
4. I will promptly notify the Court if there is any change in my personal data, such as name, address, or e-mail address, or if I wish to cancel this consent to electronic service;
5. I understand that I must regularly review the docket sheet of my case so that I do not miss a filing; and
6. I understand that this consent applies only to the cases listed below and that if I file additional cases in which I would like to receive electronic service of notices of documents, I must file consent forms for those cases.

### Civil case(s) filed in the Southern District of New York:

**Note:** This consent will apply to all cases that you have filed in this court, so please list all of your pending and terminated cases. For each case, include the case name and docket number (for example, John Doe v. New City, 10-CV-01234).

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Name (Last, First, MI)

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Address

City

State

Zip Code

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Telephone Number

E-mail Address

---

Date

Signature

### Return completed form to:

Pro Se Intake Unit (Room 200)  
500 Pearl Street  
New York, NY 10007

## b. If the defendant is a corporation

The defendant, (name) Cubemart, is incorporated under the laws of the State of (name) Cubemart Self Storage, and has its principal place of business in the State of (name) NYC. Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

## 3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

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## III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

I Rented out a unit @ Cubemart Self Storage 395 Brook Av Broomway Manager Eli Jay Day (718) 292 4888 every <sup>10454</sup> month since been with the company because I have pets & some of my pets loves to eat my medications & health products I have so stored at the units, on Dec 15, 2019 I decided to cleanup while looking for my Birth Certificate that I needed for DMV, I didn't kept the track so they were closing. My stuffs was out they told me they don't get over the so I was told come back early in the morning when they open to finish so I did so. After finished on Dec 16, 2019 but my stuffs down

Back into the unit and I had garbage bags out after clients came. I was asked if they can throw their garbage inside my garbage, I see no problem thinking to myself is a storage place they should have place to throw away your trash so after it was done I went down to asked them where shall I throw the 2 big trash black bag that me & other clients used to throw my trash home, they don't provide trash I was shock, I told him it's impossible for me to wheel 2 big plastic trash bags into a bus, a train or another bus to get home he told me he don't care am in a wheelchair as I tried to get the trash out from 3rd floor to 1st floor my hand got cut w/ the elevator when I stepped. B. Wood was when ask for Banage they told me they have none so I left with a bloody finger I took the outside bag of the elevator and up stairs

#### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

on 1/12/20 I went to the unit 3266 acct# 3266668 then before goes up I wait to pay the bill so that's when supervisor Eli Sah Day told me they took my unit down & I must pay the fines, rel & penalties, I told him need my seizure med & Montigomels inside let me get it he told me no I hand up having 5 seizure because I have no access to my medications. I am suing for over a millions because Eli Sah Day cut smart put my head

#### V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

#### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 1/16, 2020

Signature of Plaintiff

Printed Name of Plaintiff

Ruzah Sodiah  
Ruzah Sodiah N.M.A.  
Payne's El-Bey

AO-240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

UNITED STATES DISTRICT COURT  
for the

Prunyah Godiah NMIA Payne & Elbey  
Plaintiff/Petitioner  
CubeSmart Self Storage  
Defendant/Respondent

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated*, I am being held at: \_\_\_\_\_

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated*. If I am employed, my employer's name and address are: \_\_\_\_\_

My gross pay or wages are: \$ 91.50 HRA Bi weekly, and my take-home pay or wages are: \$ \_\_\_\_\_ per  
(specify pay period) \_\_\_\_\_

3. *Other Income*. In the past 12 months, I have received income from the following sources (check all that apply):

- (a) Business, profession, or other self-employment  
(b) Rent payments, interest, or dividends  
(c) Pension, annuity, or life insurance payments  
(d) Disability, or worker's compensation payments  
(e) Gifts, or inheritances  
(f) Any other sources HRA

☐ Yes  
☐ Yes  
☐ Yes  
☐ Yes  
☐ Yes  
☐ Yes

☒ No  
☒ No  
☒ No  
☒ No  
☒ No  
☐ No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

State and Zip Code

Telephone Number

E-mail Address  
(if known)

Bronx NYC 10454  
 (718) 292-4888  
 store0558@Cubismart.com

## Defendant No. 3

Name

Job or Title  
(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address  
(if known)

## Defendant No. 4

Name

Job or Title  
(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address  
(if known)

## II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

**I. The Parties to This Complaint**

**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Purnyah godiah / Miss Faynes Elbey  
 Street Address 670 2nd Street #231  
 City and County NYC  
 State and Zip Code NY 10038  
 Telephone Number (212) 804-8688 (754) 999 7318  
 E-mail Address premdap.inc@gmail.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Defendant No. 1**

Name Cubsmart Self Storage Corp.  
 Job or Title Corporate office Cubsmart  
 (if known)  
 Street Address 5 Old Lancaster Road  
 City and County PA Malvern PA  
 State and Zip Code 19355  
 Telephone Number Manager Ravinder (610) 971 3278  
 E-mail Address cubsmart.com  
 (if known)

**Defendant No. 2**

Name Cubsmart Self Storage  
 Job or Title Store 0558  
 (if known)  
 Street Address 395 Brook Avenue  
 City and County Bronx NYC 10454

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

4. Amount of money that I have in cash or in a checking or savings account: \$

only in snap less than  
140.00 snap  
3. Cash HRA Foodstap

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

None

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

None

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

None

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

Storage

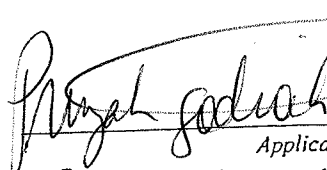
Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date:

1/16/2020

Applicant's signature

Printed name

  
 Prunah godrich  
 E/Bey



IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF NEW YORK

Prinyah Godiah NMISA  
Rayne's Elderly

(Write the full name of each plaintiff who is filing  
this complaint. If the names of all the plaintiffs  
cannot fit in the space above, please write "see  
attached" in the space and attach an additional  
page with the full list of names.)

-against-

Curbsmart Corp, Elisabeth manager Curbsmart  
Curbsmart Self Storage  
Store 05580 Curbsmart Co.

(Write the full name of each defendant who is  
being sued. If the names of all the defendants  
cannot fit in the space above, please write "see  
attached" in the space and attach an additional  
page with the full list of names.)

Complaint for a Civil Case

Case No. \_\_\_\_\_  
(to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☐ No  
\_\_\_\_\_  
(check one)

## I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☐ Federal Question

☐ Diversity of Citizenship

### A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Americans with Disabilities Act, Mental health acts  
 Cubismart stored OS 58 in the Bronx loc. My storage refused  
 me access to get my Seizure, Vintigo, Asthma medications without me  
 paying their fines first because I left 2 bags of garbage in the  
 place that they wants me to take home and I'm in wheel chair  
 B. If you checked Diversity of Citizenship  
 Resign in Manhattan while they is  
 Bronx NY.

### 1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff Principia Godiah / Miss Payne's Elber is a citizen of the State of

(Plaintiff's name)

New York  
 (State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

What is the basis for federal court jurisdiction? (*check all that apply*)

☐ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

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**B. If the Basis for Jurisdiction Is Diversity of Citizenship**

**1. The Plaintiff(s)**

a. If the plaintiff is an individual

The plaintiff, (name) Purnyah Sathiah NM/AA Pagnès Elsy, is a citizen of  
the State of (name) NYC.

b. If the plaintiff is a corporation

The plaintiff, (name) \_\_\_\_\_, is incorporated  
under the laws of the State of (name) \_\_\_\_\_,  
and has its principal place of business in the State of (name) \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)**

a. If the defendant is an individual

The defendant, (name) \_\_\_\_\_, is a citizen of  
the State of (name) \_\_\_\_\_. Or is a citizen of  
(foreign nation) \_\_\_\_\_.

Since it's a storage place thinking that they should be places to throw your trash, so I told them so head. After I finished clean up my unit, I went down stairs asking where can I throw away the trash before I go. When Elijah Day the manager told me they do not provide trash for clients I was surprised I asked what do you mean it's a storage place every storage place have trash place clients throw out their trash, he told me I have to take my trash home I told him it's impossible I am in wheelchair I live in Manhattan I have to catch a bus 198X, 2nd train then 103M Bus have cannot carry 2 bags of trash me wheeling myself with then he told me he does not care I left as I tried to set one trash bag inside the elevator to go down stairs

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

The elevator closed the trash bag was @ the door. My wheel cut in the middle of it my middle finger start bleeding I manage with bleeding getting it inside I put it in the corner down stairs next to the elevator. I went to ask for a bandage since was bleeding bad they told me they don't provide such to clients so I got mad I left there since no way a disabled person can carry trash bag home

**IV. RELIEF**

State briefly what money damages or other relief you want the court to order.

On January 12, 2020 I want to pay my storage bill and get out my seizure medications & virginio med out of my storage since all of my pills meds had was only 5 left went I went up they lock my storage, I went down stairs. I call the customer toll free #1 to complain. Elijah told me he cannot allow me access to take my medications non accept any payments to or from my storage until I pay the fine for living out the trash for not taking trash home so I call customer service told them I need access to my medications they told me some one would call me, also call me 7th

**V. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated 4/1/20 Plaintiff's Signature El-Bey  
Pringal godiah First Name Y Middle Initial Payne's Last Name  
40 Ann Street # 2B Street Address  
New York County, City NY State 10038 Zip Code  
(754) 999-7318 Telephone Number Pringal godiah@proton Email Address (if available)  
(212) 804-8688 mail. Con

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

**CONSENT TO ELECTRONIC SERVICE**

I hereby consent to receive electronic service of notices and documents in my case(s) listed below. I affirm that:

1. I have regular access to my e-mail account and to the internet and will check regularly for Notices of Electronic Filing;
2. I have established a PACER account;
3. I understand that electronic service is service under Rule 5 of the Federal Rules of Civil Procedure and Rule 5.2 of the Local Civil Rules, and that I will no longer receive paper copies of case filings, including motions, decisions, orders, and other documents;
4. I will promptly notify the Court if there is any change in my personal data, such as name, address, or e-mail address, or if I wish to cancel this consent to electronic service;
5. I understand that I must regularly review the docket sheet of my case so that I do not miss a filing; and
6. I understand that this consent applies only to the cases listed below and that if I file additional cases in which I would like to receive electronic service of notices of documents, I must file consent forms for those cases.

**Civil case(s) filed in the Southern District of New York:**

**Note:** This consent will apply to all cases that you have filed in this court, so please list all of your pending and terminated cases. For each case, include the case name and docket number (for example, John Doe v. New City, 10-CV-01234).

Name (Last, First, MI)

Address

City

State

Zip Code

Telephone Number

E-mail Address

Date

Signature

Return completed form to:

Pro Se Intake Unit (Room 200)  
500 Pearl Street  
New York, NY 10007

Pringah So diah 4/1/18 Miss Pagn's El-Bey  
40 Ann Street # 2B NYC 10038  
(754) 999-7318 (212) 8688 premdaya.in@a  
1/18/2020 protonmail.i

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Prinyah Gochah N/MAA Payne's El Bey

Write the full name of each plaintiff.

\_\_\_\_ CV \_\_\_\_  
(Include case number if one has been assigned)

-against-

Cubsmart Self Storage  
Cubsmart Store 0558

**COMPLAINT**

Do you want a jury trial?  
☒ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.



If the defendant is an individual:

The defendant, Store 0558  
Cubesmart self storage, is a citizen of the State of  
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If the defendant is a corporation:

The defendant, Cubesmart self storage, is incorporated under the laws of  
the State of PA / NY Bronx

and has its principal place of business in the State of PA & Bronx NY  
or is incorporated under the laws of (foreign state) \_\_\_\_\_

and has its principal place of business in \_\_\_\_\_.

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Prinyah Sodiah Premday MISA Payne's El-Bey  
First Name Middle Initial Last Name  
40 Ann Street #2B4  
Street Address  
New York NY 10038  
County, City State Zip Code  
(754) 999-7318 Premday, Inc@Protonmail.  
Telephone Number Email Address (if available) com  
(212) 804-8688

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

Cubesmart Self Storage Corp.

First Name

Last Name

Corporate office

Current Job Title (or other identifying information)

5 Old Lancaster Road Malvern.

Current Work Address (or other address where defendant may be served)

PA

19355

County, City

State

Zip Code

Defendant 2:

Cubesmart Self Storage Store 0558

First Name

Last Name

395 Brook Avenue

Current Job Title (or other identifying information)

B

Current Work Address (or other address where defendant may be served)

Bronx

NYC

10457

County, City

State

Zip Code

Defendant 3:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

**III. STATEMENT OF CLAIM**

Place(s) of occurrence:

Date(s) of occurrence:

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

I rented a Unit @ Cubesmart Self Storage located at 395 Brook Av Bronx NYC every 3 or 6 month they raised the fee. When I got the unit My HHA pack my stuffs up for me to put into the unit Because I have Pets that kept eating my medications. I have to constantly pay high fee. So I Rented out the unit to store health stuffs & medications since I have a lot of illness & take a lot of meds. On Dec 15, 2020 I Decided to clean up & look up for my Birth Certificate that I will need for DMV. I didn't look a keep the time then hours passed they made the appointment they cleaning 20 I got in contact with them, they told me I have to Return next day early in the morning to finish clean up I said fine. the next day got there start cleaning another client whom was above me wants me to clean the place spotless because he used my unit to stand up to reach his unit I told him the roads are clear you can reach your unit he got mad went to complain to ELISAB DAY the manager I didn't care As I was continue to clean I had 2 bags of trash other client whom was there asked if they can put their trash inside my trash.